



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

@K 5608
550.00

APPLICATION TO RENEW GARAGE LICENSE

J&E AUTO BODY, INC.
9 HAWKINS ST
SOMERVILLE, MA 02143

License #: 931

City #G221

Fee: 550.00

Account ID: 521

Reference #: 931

6975

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: For J&E AUTO BODY, INC. Business Location: 9 HAWKINS ST Business Phone: 617-623-6790	
License Holder: J&E AUTO BODY, INC. 9 HAWKINS ST SOMERVILLE, MA 02143 617-623-6790	
Mailing Address: J&E AUTO BODY, INC. SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - EDDIE GIRON SECRETARY - EDDIE GIRON	
FID: 043397754	
Food Manager/Emergency Contact: EDDIE GIRON 617-699-7593	

2013 MAR 20 P 1:48
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

OPEN TO THE PUBLIC

- | | |
|------------------|--------------------|
| 1 AUTO BODY WORK | 2 VEHICLES INSIDE |
| 1 SPRAY PAINTING | 4 VEHICLES OUTSIDE |
| 6 VEHICLES | |

Description of Location and/or Other Conditions:

Originally Issued 12/14/2000. No Mechanical Repairs. No Washing Vehicles. No Operating Tow Vehicles.

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: _____

Date

3-15-2013

Print Name: _____

EDDIE GIRON

Phone

617-623 6790

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: J & E AUTO BODY INC
Address: 9 HAWKINS ST SOMERVILLE MASS
City: SOMERVILLE State: MASS Zip: 02143 Phone #: 617-6236790

- ☒ I am an employer with 3 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS INS
Address: 1365 GARDEN OF GODS RD SUITE 110
City: COLORADO SPRINGS State: CO Zip: 80907 Phone #: 18773626785
Policy #: 3C841524 Expiration Date: 9-24-2013

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 3-15-2013
Print Name: Eddie Giron

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: J E Auto Body

Address of taxpayer/applicant's business in Somerville: 97 HAWKINS ST 5004

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-6236790 evening: _____

I, (print name) Fddie Gump, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20____. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

6842 # 23302311 # 536 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

